

Case Number:	CM14-0090252		
Date Assigned:	07/23/2014	Date of Injury:	10/26/2006
Decision Date:	09/23/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49-year-old male smoker, who reported an injury due to a slip, twist and fall on 10/26/2006. On 05/13/2014, his diagnoses included exacerbated cervical pain with radiculopathy, multiple level cervical disc protrusions, multiple level lumbar disc protrusions with radiculopathy, history of multiple left knee surgeries with residual pain, history of knee replacement on the right side with residual pain and history of bilateral ankle surgeries. The progress note stated that there were no changes in this injured worker's overall health and condition. He had continuing complaints of neck, low back, both knees and ankle pain, but was not undergoing any physiotherapy or other modes of treatment. He was using his medication to address his multiple complaints, but stated that his low back and lower extremity symptoms had increased in intensity. He reported success with previous epidural steroid injections and the treatment plan included a request for cervical epidural steroid injection. There was no rationale for Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

8 weeks rental of CMP with soft goods post - right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Continuous passive motion (CPM).

Decision rationale: The request for 8 weeks rental of CMP with soft goods post right knee is not medically necessary. The Official Disability Guidelines recommends continuous passive motion for in hospital use or for home use in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements, but the beneficial effects over regular physical therapy may be small. Routine home use of CPM yields minimal benefit. Although research suggested that continuous CPM should be implemented in the first rehabilitation phase after surgery, there is substantial debate about the duration of each sessions and the total period of CPM application. The criteria for the use of continuous passive motion include anterior cruciate ligament reconstruction, open reduction and internal fixation of tibial plateau or distal femur fractures, complex regional pain syndrome, extensive arthrofibrosis, physical, mental or behavioral inability to participate in active physical therapy and total knee arthroplasty. From the documentation submitted, there was no indication that this injured worker had any of the above conditions that would justify the use of a continuous passive motion device. Additionally, the recommendations in the guidelines suggest 4 to 10 days and the requested 8 weeks exceeds the recommendations in the guidelines. Therefore, this request for 8 weeks rental of CMP with soft good post right knee is not medically necessary.